

9-28-00

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	SD	75316	8/16/00
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	PF	829	09/26/00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	0
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7	0
8	✓
9	✓
10	0
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12	0
13	✓
14	0
15	✓
16	0
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19	0
20	✓
21	✓
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23	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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